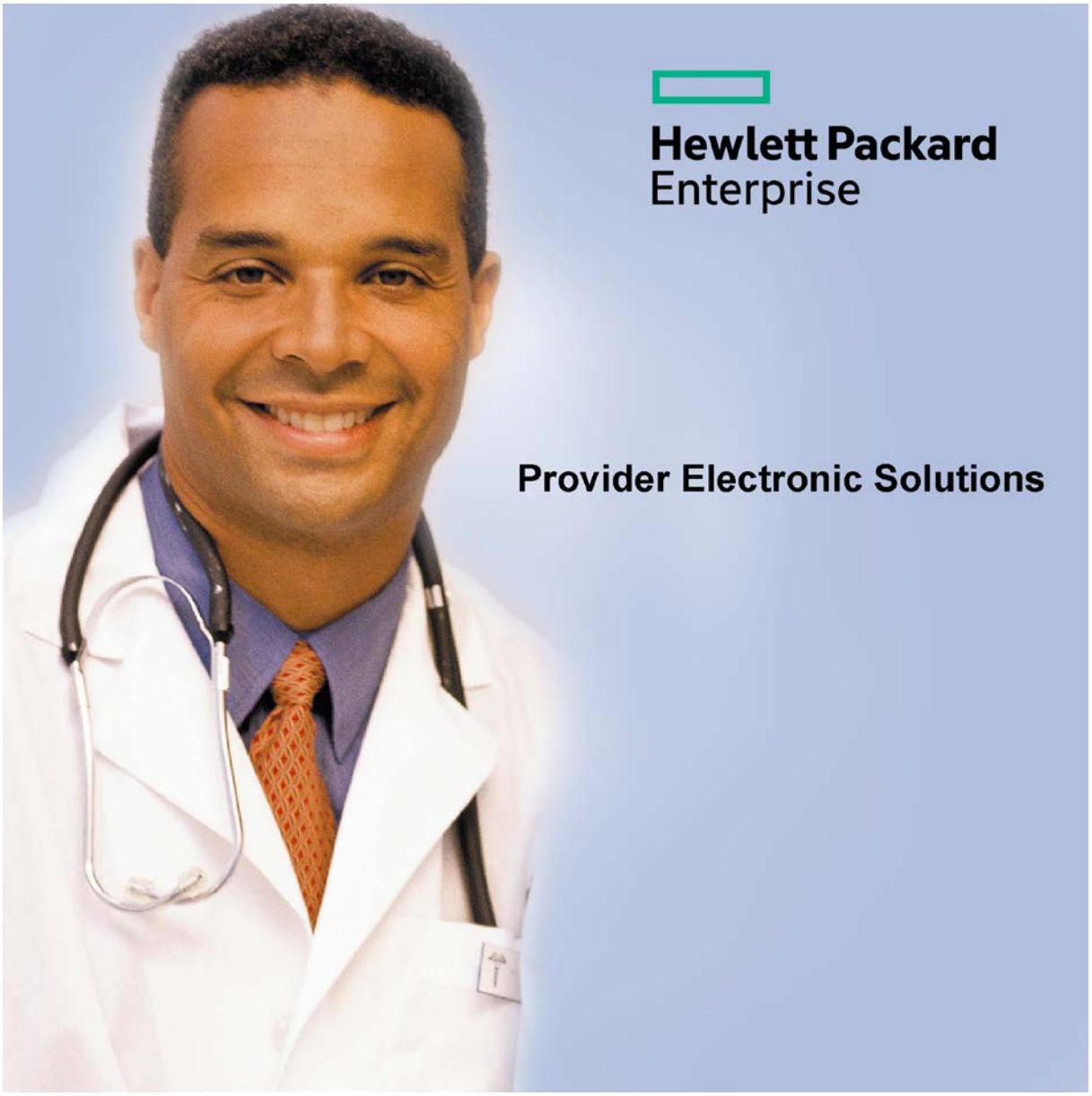
HPE Provider Electronic Solutions

Submission Instructions



Eligibility Verification Instructions

Batch Eligibility Inquiry and Response

ELIGIBILITY VERIFICATION INSTRUCTIONS

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ELIGIBILITY VERIFICATION INSTRUCTIONS

INTRODUCTION

Now that you have installed and become familiar with the functionality of the Hewlett Packard Enterprise PROVIDER ELECTRONIC SOLUTIONS software, you are ready to verify client eligibility for the Connecticut Medical Assistance Program.

Eligibility request may be submitted by using either the interactive or batch function. An explanation of each can be found on page 16.

The following instructions detail requirements and general information for each section of the eligibility requests for the Connecticut Medical Assistance Program.

In the following sections, each request entry field is defined with the appropriate requirements. Edits have been built into the software to assist you in entering correct eligibility information.

The following pages contain Screen Samples for ELIGIBILITY VERIFICATION requests and instructions for submitting requests to verify a client's eligibility in the Connecticut Medical Assistance Program.

ELIGIBILITY VERIFICATION INSTRUCTIONS

Provider Electronic Solutions contains reference lists of information that you commonly use when you enter and edit forms. For example, you can enter lists of common diagnosis codes, procedure codes, type of bill and admission source and type. All of the lists are available from the data entry section as a drop down list where you can select previously entered data to speed the data entry process and help ensure accuracy of the form.

There are three lists that you are required to complete prior to entering an eligibility transaction. Because this software uses the HIPAA compliant transaction format, there is certain information, which is required for each eligibility transaction. To assist you making sure that all required information is included and save time entering your information, some of the lists are required. These lists are:

- Billing Provider
- Taxonomy

If these lists are not completed prior to keying your transaction, the list will open in the transaction form.

The Client List may be used, but is not required for eligibility requests. If used, other data from this list will auto-plug into the eligibility form, once the client id has been selected.

Some of the lists contain preloaded information that is available for auto-plugging as soon as you install Provider Electronic Solutions. You may choose to enter data in any of the lists soon after you set up Provider Electronic Solutions to take advantage of the auto-plug feature. To create or edit a list, select List from the Main Menu and then select the appropriate item.

Working with Lists

From the Lists option on the menu bar, select the list you want to work with.

Perform one of the following:

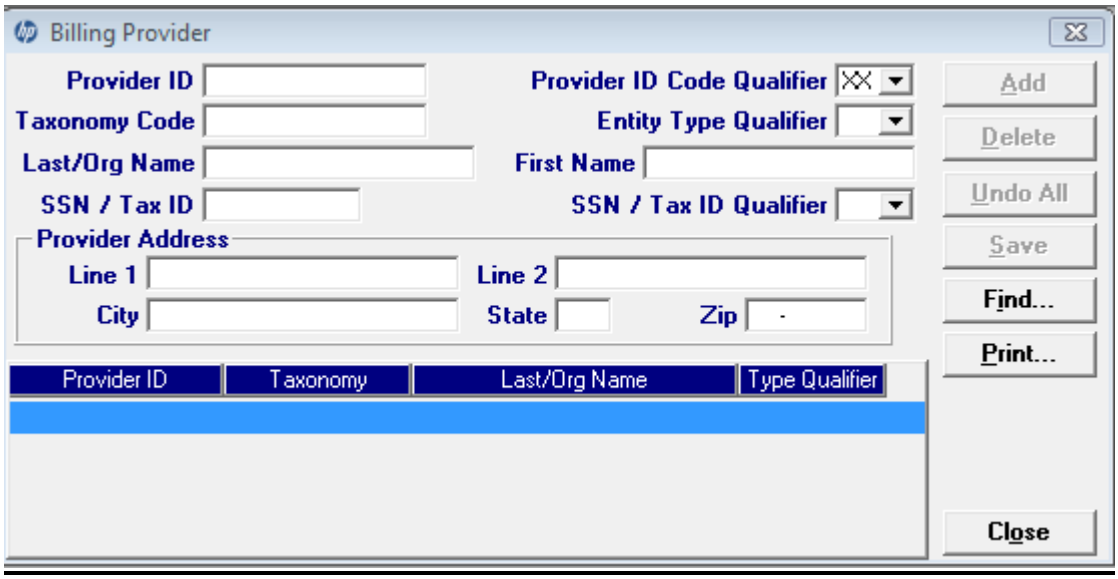
· To add a new entry, select Add.

· To edit an existing entry, select the entry and then enter your changes.

· The command buttons for Delete, Undo All, Find, Print, and Close work as titled.

Note: The Select Command button is not visible on the List window unless it has been invoked by double-clicking an autoplug field from a claim screen. Once a List entry has been either added or edited, the Select button ***must*** be clicked in order for the data to populate the claim screen with the selected List entry.

BILLING PROVIDER SCREEN



The Provider list requires you to collect information about service providers, which is then automatically entered into forms. These can be individual providers or organizations. Use this list to enter all billing provider, and Medicare rendering Medical Assistance Provider number. All fields are required except Provider Address Line 2 and First Name when the Entity Type Qualifier is a 2 (Facility).

BILLING PROVIDER ENTRY INSTRUCTIONS

Provider ID:
Enter the National Provider Identifier (NPI) or the Connecticut Medical Assistance Program billing provider number with two leading zeros if the provider is a Non-Covered Entity (NCE). (An NCE is a Medicaid service provider who is not included in the National Provider Identifier requirement.)

Provider ID Code Qualifier:
Enter the code which identifies the type of Provider ID submitted with the eligibility form.

Taxonomy Code:
An alphanumeric code that consists of a combination of the provider type, classification, area of specialization and education/ training requirements. Only numeric characters 0-9 and alphabetic characters A-Z are accepted. Lower case letters are automatically converted to upper case.

Note: The health care provider taxonomy code list is available on the Washington Publishing Company web site: http://www.wpc-edi.com.

Entity Type Qualifier
Select the appropriate value to indicate if you are an individual performer or corporation.

Last/Org Name:

ELIGIBILITY VERIFICATION INSTRUCTIONS

Enter the last name of an individual provider, or the business name of a group or facility (when the Entity Type Qualifier is a 2).

First Name:

Enter the first name of the provider when they are an individual. Required when the Entity Type Qualifier is a 1. This field will not be available when the Facility Type Qualifier is a 2.

SSN / Tax ID:

Enter the Social Security Number or Tax Identification number of the party being referenced.

SSN/Tax ID Qualifier:

Select the appropriate code from the drop down box that identifies what value is being submitted in the SSN/Tax ID field.

Provider Address Line 1:

Enter the street address that is on file with CT Medicaid of the provider being referenced. The address is required for providers, clients and policyholders.

Line 2:

Enter additional address information of the provider being referenced, such as suite or apartment number if applicable.

City:

Enter the city of the provider being referenced. The address is required for providers, clients and policyholders.

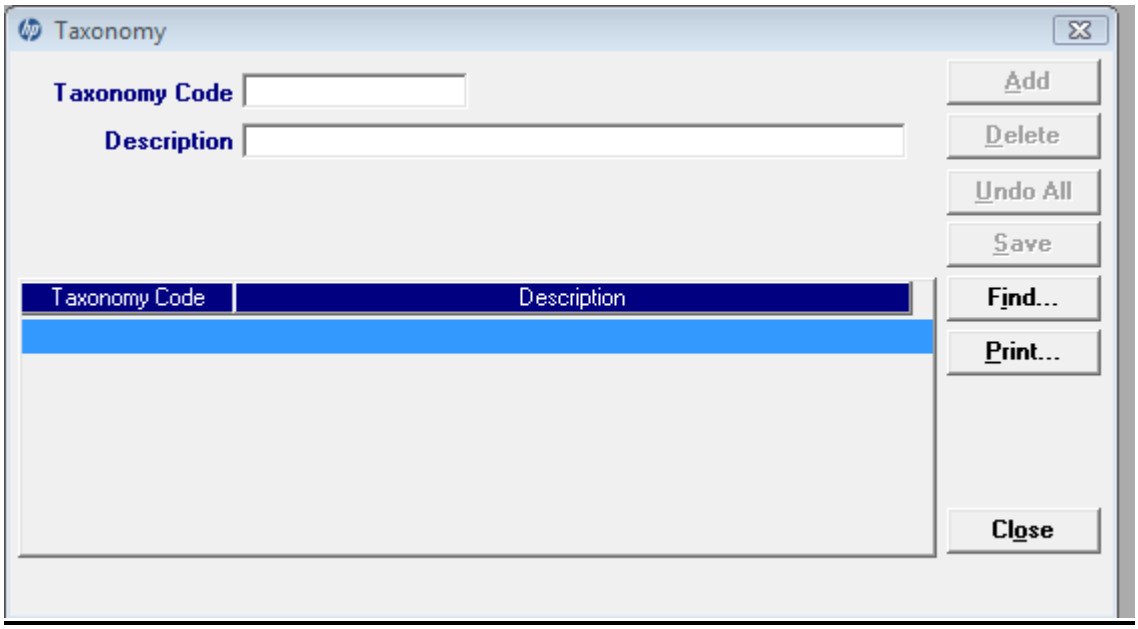
State:

Enter the state of the address of the provider being referenced. The address is required for providers, clients and policyholders.

Zip Code:

Enter the 9 digit zip code of the provider being referenced. The address is required for providers, clients and policyholders.

TAXONOMY SCREEN



The Taxonomy list allows you to list the taxonomy code, which is then automatically entered into the Provider List. All fields are required.

TAXONOMY BILLING INSTRUCTIONS

Taxonomy Code:

An alphanumeric code that consists of a combination of the provider type, classification, area of specialization and education/ training requirements. Only numeric characters 0-9 and alphabetic characters A-Z are accepted. Lower case letters are automatically converted to upper case.

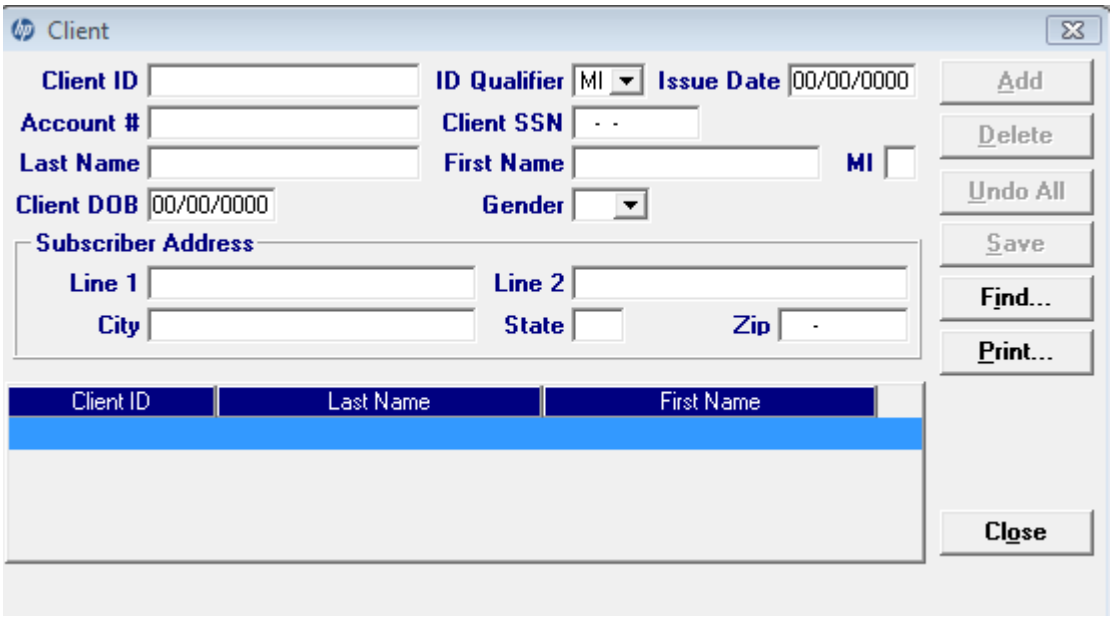
Note: The health care provider taxonomy code list is available on the Washington Publishing Company web site: http://www.wpc-edi.com.

Description:

Enter the description of the code listed.

ELIGIBILITY VERIFICATION INSTRUCTIONS

CLIENT SCREEN



The Client list requires you to collect detailed information about your clients, which is then automatically entered into forms. All of the fields are required except Account number, middle initial, issue date and Subscriber Address Line 2.

CLIENT ENTRY INSTRUCTIONS

Client ID:
Enter the Client identification number assigned by the Connecticut Medical Assistance Program.

ID Qualifier:
This field has been preloaded with the information which identifies the type of client. This field will be by-passed.

Issue Date:
Enter the issue date found on the patient's Medical Assistance Program Identification Card.

Account #:
Enter the unique number assigned by your facility to identify a client.

Client SSN:
Enter the client's social security number.

Last Name:
Enter the last name of the client who received services.

First Name:
Enter the first name of the client who received services.

ELIGIBILITY VERIFICATION INSTRUCTIONS

MI:
Enter the middle initial of the client who received services.

Client DOB:
Enter the date the client was born.

Gender:
Select the appropriate value from the drop down list to enter the clients gender.

Code	Description
F	Female
M	Male
U	Unknown

Subscriber Address Line 1:
Enter the street address of the party being referenced. The address is required for providers, clients and policyholders.

Line 2:
Enter additional address information of the party being referenced, such as suite or apartment number if applicable.

City:
Enter the city of the party being referenced. The address is required for providers, clients and policyholders.

State:
Enter the state of the address of the party being referenced. The address is required for providers, clients and policyholders.

Zip:
Enter the zip code of the party being referenced. The address is required for providers, clients and policyholders.

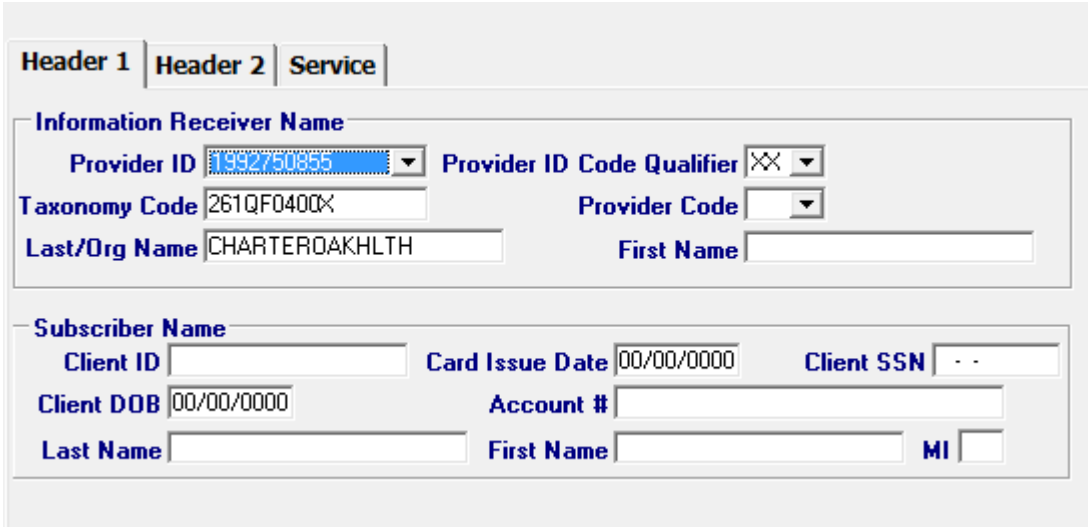
INQUIRY ENTRY INSTRUCTIONS

Use the following instructions to complete the inquiry screens. When data entry is complete, click **SAVE.** The saved inquiry will appear in the list below the data entry screen. If the data hits edits, a message window will appear with error messages. Click **SELECT** to move to the highlighted error and correct the data. Once all error messages have been resolved, you can save the inquiry.

Newly saved inquiries are in Status R (Ready). Status R inquiries can be edited and saved multiple times prior to submission. Be sure to click **ADD** before beginning to enter the data for each new inquiry.

Note: The Select Command button is not visible on the List window unless it has been invoked by double-clicking an autoplug field from a claim screen. Once a List entry has been either added or edited, the Select button ***must*** be clicked in order for the data to populate the claim screen with the selected List entry.

HEADER ONE SCREEN



Coverage for all clients in the state eligibility system can be verified using the Provider Electronic Solution software.

NOTE: The client name, plus two valid identifiers for the client are required to request eligibility. When completing an eligibility request, you will need to use one of the following three combinations:

- Client identification number and social security number
- Client identification number and date of birth
- Social security number and date of birth (not valid for ConnPACE)

ELIGIBILITY VERIFICATION INSTRUCTIONS

HEADER ONE INFORMATION

DESCRIPTION	FIELD LENGTH	REQUIRED/ OPTIONAL/ CONDITIONAL	ALPHA/ NUMERIC
PROVIDER ID	9	R	N
PROVIDER ID CODE QUALIFIER	2	R	X
TAXONOMY CODE	THIS FIELD	AUTOFILLS	N
PROVIDER CODE	2	R	A
LAST/ORG NAME	THIS FIELD	AUTOFILLS	A
FIRST NAME	THIS FIELD	AUTOFILLS	A
CLIENT ID	16	O	N
CARD ISSUE DATE	8	O	N
CLIENT SSN	9	O	N
CLIENT DOB	8	O	N
ACCOUNT #	38	O	X
LAST NAME	35	O	A
FIRST NAME	25	O	A
MI	1	O	A

R = REQUIRED O = OPTIONAL C = CONDITIONAL

A = ALPHA N = NUMERIC X = ALPHANUMERIC

ELIGIBILITY VERIFICATION INSTRUCTIONS

HEADER ONE ENTRY INSTRUCTIONS

Special Note: All entered information will default to capital letters.

Eligibility Field Definition

A = Alpha
N = Numeric
X = Alphanumeric

Provider ID:

Enter your NPI or Connecticut Medical Assistance Program's Provider Number with two leading zeros.

Remarks: Required
Format: NNNNNNNNN

Provider ID Code Qualifier:

Select the appropriate code from the drop down list that identifies the type of Provider ID submitted with the Eligibility form.

Code	Description
SV	Service provider number
XX	HCFA national plan ID (default)

Remarks: Required
Format: AA

Taxonomy Code:

This field will be auto plugged once you enter your NPI provider number and contains an alphanumeric code that consists of a combination of the provider type, classification, area of specialization and education/ training requirements.

Note: The health care provider taxonomy code list is available on the Washington Publishing Company web site: http://www.wpc-edi.com.

Remarks: Optional, required if NPI
Format: NNNANNNNNA

Provider Code:

ELIGIBILITY VERIFICATION INSTRUCTIONS

Select the appropriate code from the drop down list that identifies the type of provider.

Code	Description	Code	Description
AD	Admitting	P1	Pharmacist
AT	Attending	P2	Pharmacy
BI	Billing	PC	Primary Care Physician
CO	Consulting	PE	Performing
CV	Covering	R	Rural Health Clinic
H	Hospital	RF	Referring
HH	Home Health Care	SB	Submitting
LA	Laboratory	SK	Skilled Nursing Facility
OT	Other Physician	SU	Supervising

Remarks: Required
Format: AA

Last/Org Name:

This field will be auto plugged once you enter your provider number and contains the provider's name or the first two letters of the provider's last name as enrolled in the Connecticut Medical Assistance Programs.

Example: THOMPSON or 'TH'
Remarks: Required
Format: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA or AA

First Name:

This field will be auto plugged once you enter your provider number and contains the provider's name or the first letter of the provider's first name as enrolled in the Connecticut Medical Assistance programs. Required when the Entity Type Qualifier is a 1. There are no spaces allowed in this field.

Example: THOMPSON or 'TH'
Remarks: Required
Format: AAAAAAAAAAAAAAAAAAAAAAA or A

Client ID:

Enter the insured's 9 digit Connecticut Medical Assistance Program's identification number or select the client's Connecticut Medical Assistance Program's identification number from the drop down list if the list is created.

NOTE: The client list is not a required list for eligibility verification. However, if you use the Provider Electronic Solutions software to verify eligibility for Medicaid clients, creating the list will save time and reduce the chance of keying errors.

Remarks: Optional
Format: NNNNNNNNN

Card Issue Date:

ELIGIBILITY VERIFICATION INSTRUCTIONS

Enter the card issue date as shown on the clients Medical Identification card (this field is not applicable for ConnPACE clients). This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Remarks: Optional
Format: MM/DD/CCYY

Client SSN:

Enter the client's social security number. This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Remarks: Optional
Format: NNNNNNNNN

Client DOB:

The patient's Date of Birth. The field is in the format MM/DD/CCYY.

Remarks: Optional
Format: NNNNNNNN

Account #:

Enter the patient account number. This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Remarks: Optional
Format: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Last Name:

Enter the client's last name or the first two characters of the client's last name. There are no special characters (apostrophes, spaces, etc.) allowed in this field. This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Example: THOMPSON or 'TH'
Remarks: Optional
Format: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
or AA

First Name:

Enter the client's first name or the first character of the client's first name. This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Example: JOHN or 'J'
Remarks: Optional
Format: AAAAAAAAAAAAAAAAAAAAAAA or AA

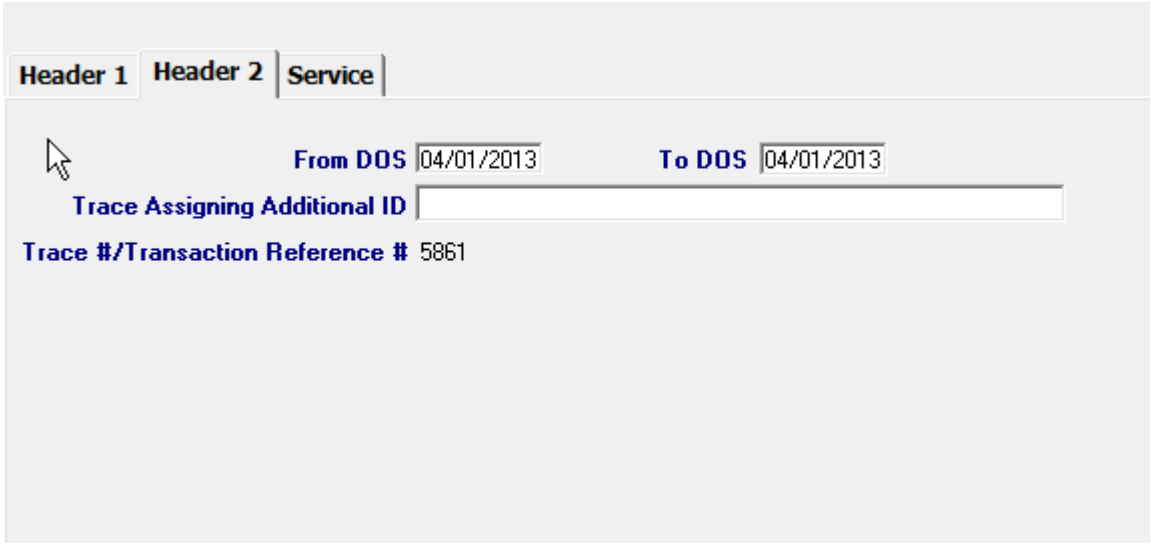
MI:

Enter the first character of the client's middle name. This field will be auto plugged if you select the client's Connecticut Medical Assistance Program's identification number from the drop down list.

Example: 'J'

Remarks: Optional Format: A

HEADER TWO SCREEN



HEADER TWO INFORMATION

DESCRIPTION	FIELD LENGTH	REQUIRED/ OPTIONAL/ CONDITIONAL	ALPHA/ NUMERIC
FROM DOS	8	R	N
TO DOS	8	R	N
TRACE ASSIGNING ADDITIONAL ID	30	O	X
TRACE #/TRANSACTION REFERENCE #	3	SYSTEM GENERATED	N

R = REQUIRED O = OPTIONAL C = CONDITIONAL

A = ALPHA N = NUMERIC X = ALPHANUMERIC

HEADER TWO ENTRY INSTRUCTIONS

From DOS:

Enter the requested beginning date of service of the insured's eligibility. **This can be a future date but cannot exceed the last day of the current month. If not keyed, present date will be autofilled.**

Remarks: Required
Format: MM/DD/CCYY

To DOS:

Enter the requested ending date of service of the insured's eligibility. **This can-be a future date, but cannot exceed the last day of the current month. If not keyed, the value from From DOS field will be populated.**

Remarks: Required
Format: MM/DD/CCYY

Trace Assigning Additional ID:

An additional ID used by the submitter for identification of the Eligibility.

Remarks: Optional
Format: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

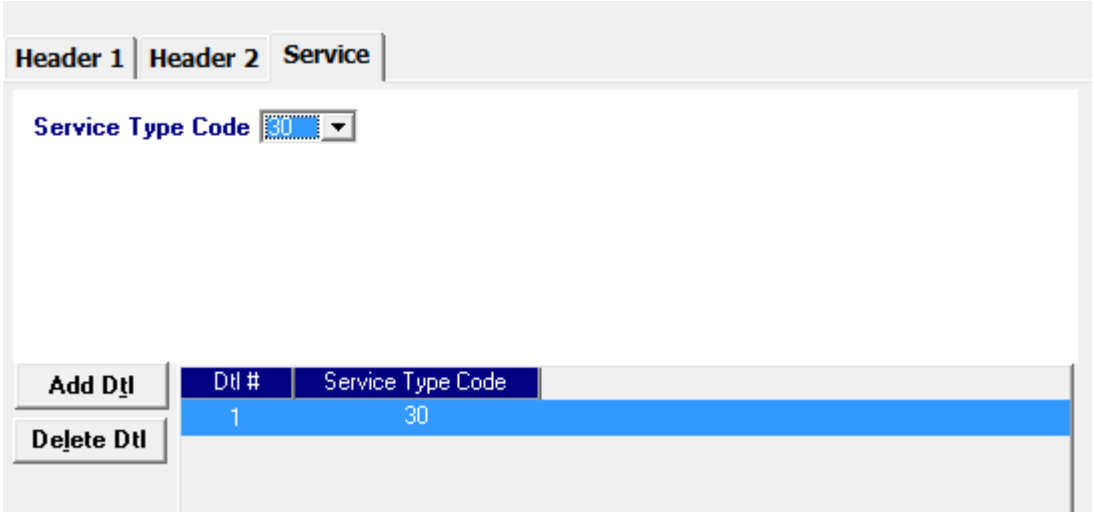
Trace #/Transaction Reference #:

Verification number to be used by the information receiver if there is a need to follow up on the transaction. This number is system generated.

Remarks: System Generated

Format: NNNNN

SERVICE SCREEN



SERVICE ENTRY INSTRUCTIONS

Service Type Code:

Use the drop down feature to select the service type code for the program you wish to inquire about the insured's eligibility. The default code is "30" for Health Benefit Plan Coverage.

Remarks: Required
Format: XX

Add Dtl:
To check an additional program about the insured's eligibility, click the add Dtl button, then select the Service type code of the program/s.

Delete Dtl:
To remove Service types codes , highlight the line of the Service type code to be removed, and press the Delete Dtl button. Note : at least one Service Type Codes must be submitted.

SUBMITTING BATCH ELIGIBILITY REQUESTS

BATCH:

This method of requesting eligibility will allow you to submit multiple requests at once. This batch eligibility request can be used when you have multiple clients to submit at the same time. This is done by:

1. Entering the required information into the Eligibility screens for each client the same as with the interactive request.

2. When you have entered a request for one client, press the "Save" button.

3. Then press the "Add" button and you will see a new request screen.

4. Enter information for the next client and repeat as often as needed to enter requests for all clients.

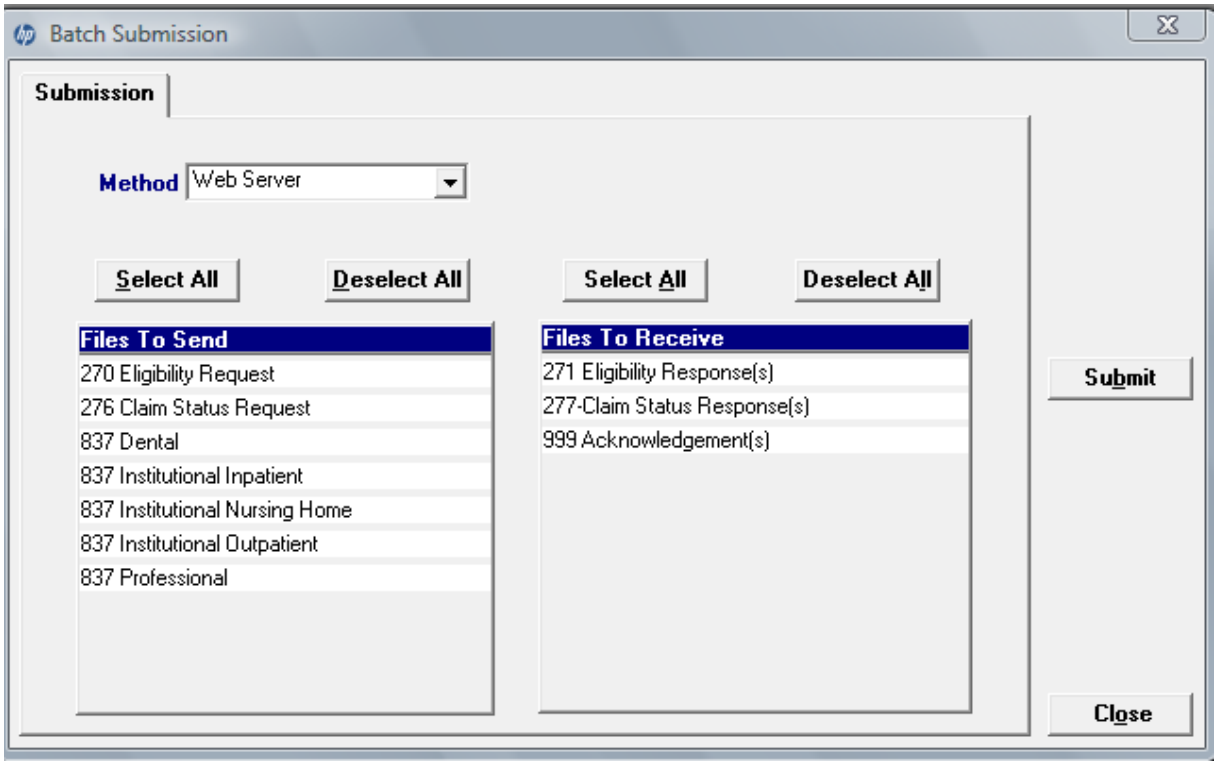
After completing and saving all your requests, you are now ready to submit a batch. To do this:

ELIGIBILITY VERIFICATION INSTRUCTIONS

1. First close the eligibility window.

2. On the HPE Provider Electronic Solutions main toolbar, select the **Communication** drop down menu.

3. Then select **Submission**. You will see the following screen: (See the following page).



4. Under **Files To Send** select 270 **Eligibility Request**

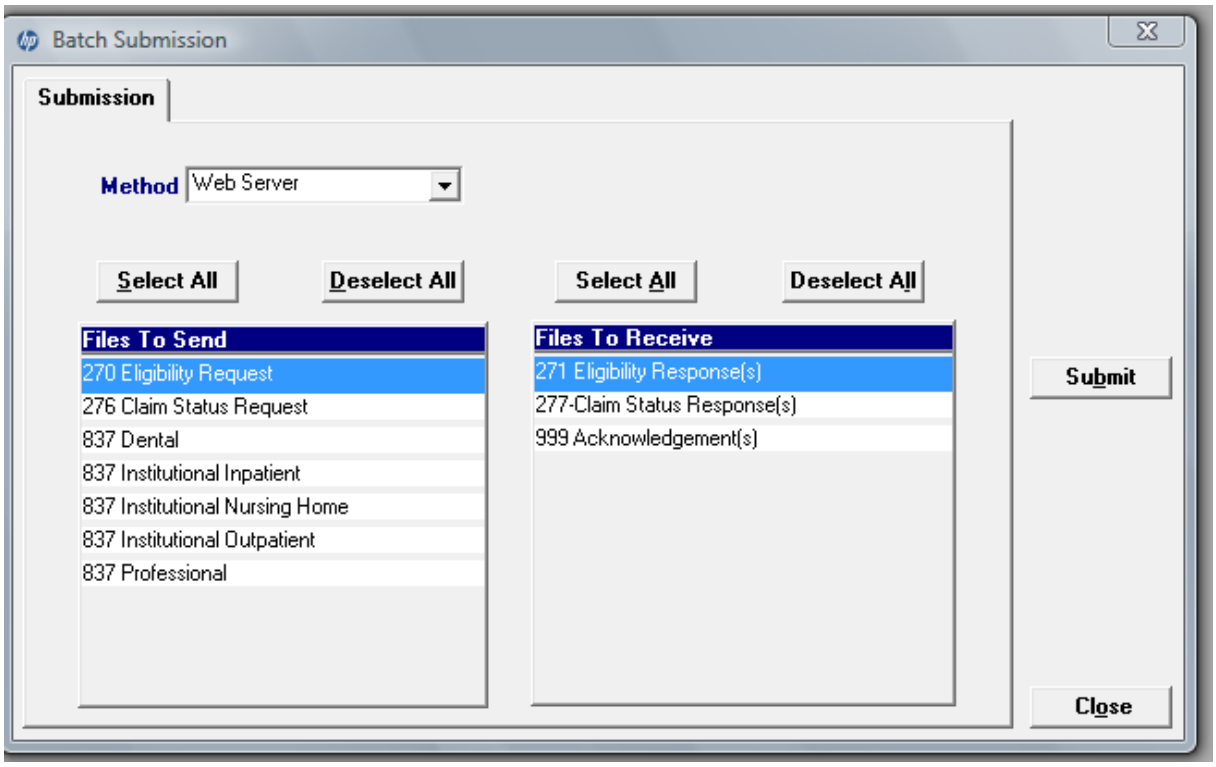
5. Then click on the Submit button. Once you receive the message "Submission Successful", the batch is processing (the actual processing time will vary according to the size of your batch and the number of other batches submitted). Once this is completed, you may close the screen.

ELIGIBILITY VERIFICATION INSTRUCTIONS

When you are ready to retrieve your responses, you will need to download the eligibility response for the entire batch of clients. To do this:

1. On the HPE Provider Electronic Solutions main toolbar, select the **Communication** drop down menu.

2. Then select **Submission**. You will see the following screen: (See the following page).



3. On the same batch submission screen, you would need to click on the **271 Eligibility Response (s)** for the Verification Response under **Files To Receive.**

4. Then click on **Submit.** (When receiving the batch response, the actual time will vary according to the size of your batch).

Interactive Eligibility Inquiries are available on the Connecticut Medical Assistance Secure Web portal.

This method of requesting eligibility will allow you to receive immediate results on individual client eligibility inquiries.

1. Log into the www.ctdssmap.com secure Web site

2. Click on the **Eligibility** tab on the main menu

3. Enter enough client data to satisfy at least one of the valid search criteria:
   Client ID + SSN
   Client ID + Birth Date
   Birth Date + SSN
   Full Name + SSN
   Full Name + Birth Date

4. Click **Search**

VIEWING YOUR RESPONSE

To view your batch response, you need to close the batch submission screen. On the HPE Provider Electronic Solutions toolbar, select the **Communication** menu and then select **View Response**. The "Find" button can be very helpful when locating specific client information on the Eligibility Response Screen. The "Find" feature is case sensitive. In other words, the text you enter, as your selection criteria must match exactly the text that is on the Response Screen in terms of upper and lower case letters.

To find specific text:

1. Click on the **"Find"** option from the Response Screen.

2. In the **"Find What"** box, enter the text you are searching for.

3. Click **"OK"** to activate search.

4. Once the search has completed, you will be referred to the line that matched your selection criteria. If you wish to continue looking for other lines that match the criteria, simply click on "Find Next" from the Response Screen and the search will continue looking for the next occurrence.

ELIGIBILITY VERIFICATION INSTRUCTIONS

ELIGIBILITY VERIFICATION INSTRUCTIONS

EDIT ALL FEATURE

The "Edit All" command button allows you to resubmit an eligibility batch with new From and Thru dates of service without having to re-key repeated batch requests. This will be especially helpful for providers who need to check eligibility on the same group of clients on a regular basis. This is done by performing the following steps:

1. Click on **"Communication"** on tool bar.

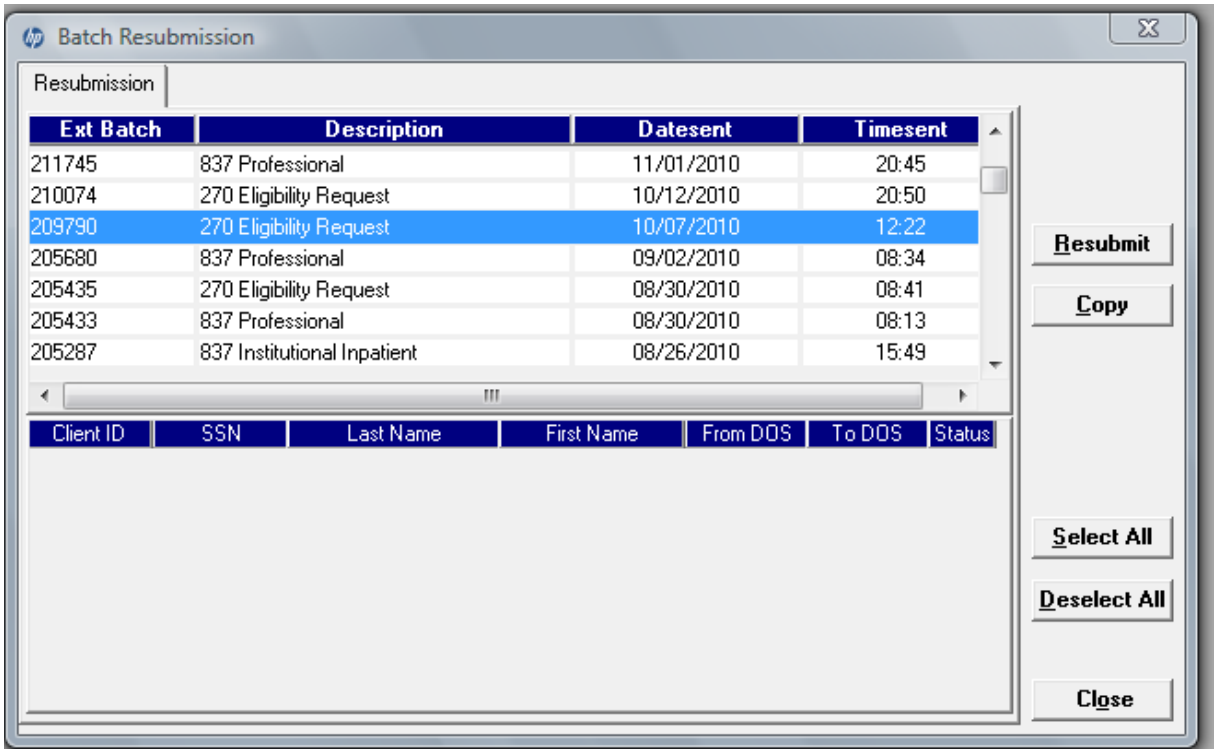
2. Click on **"Resubmission"** (see screen print on the following page).

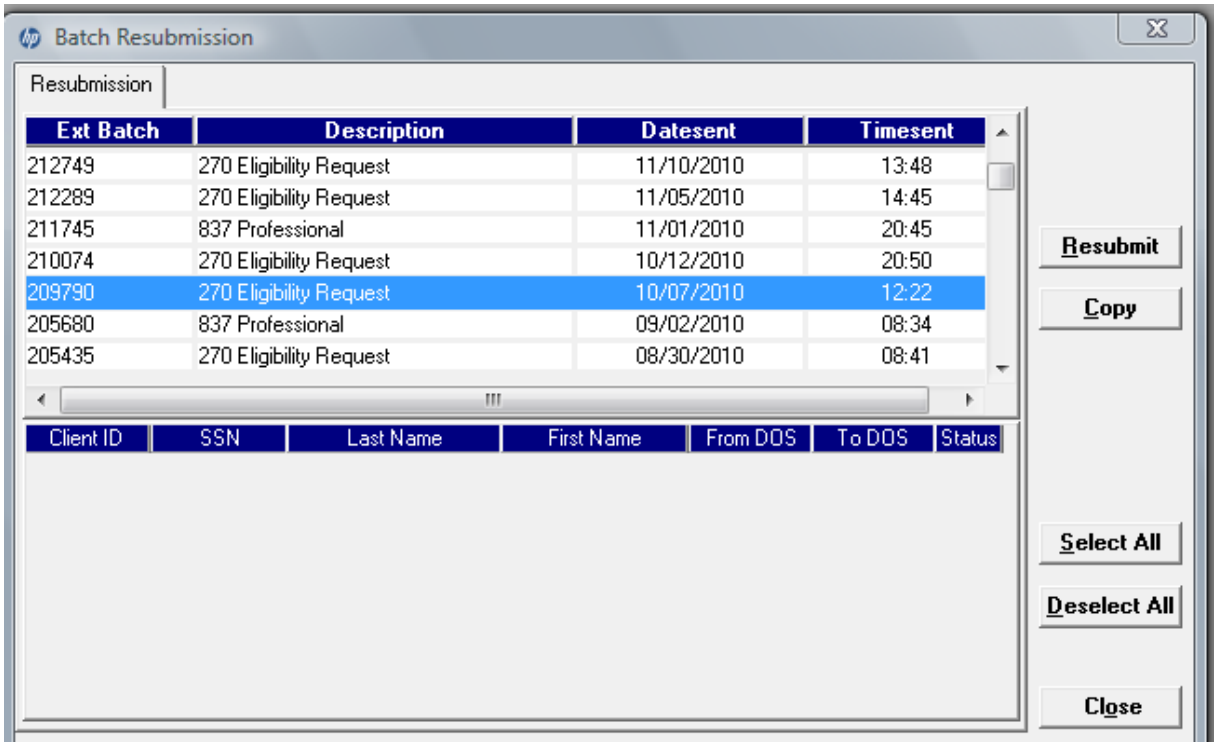
3. Place the cursor on the row in the list of batches that corresponds to the batch you wish to copy and select it by left clicking with the mouse. A list of the forms that were sent in that batch will appear in the bottom half of the window. By default, all of the forms are already selected.

4. If you wish to copy the entire batch simply click on the **"Copy"** button.

5. If you wish to copy some of the forms, then click on the forms one by one to select or de-select the individual forms.

6. Click on the **"Copy"** button when you have completed your selections.
This option will create a new copy of each of the forms. They will appear in an 'R' (Ready) status at the bottom of your new eligibility request.





To change the DOS on all "R" status eligibility requests simultaneously, use the following steps:

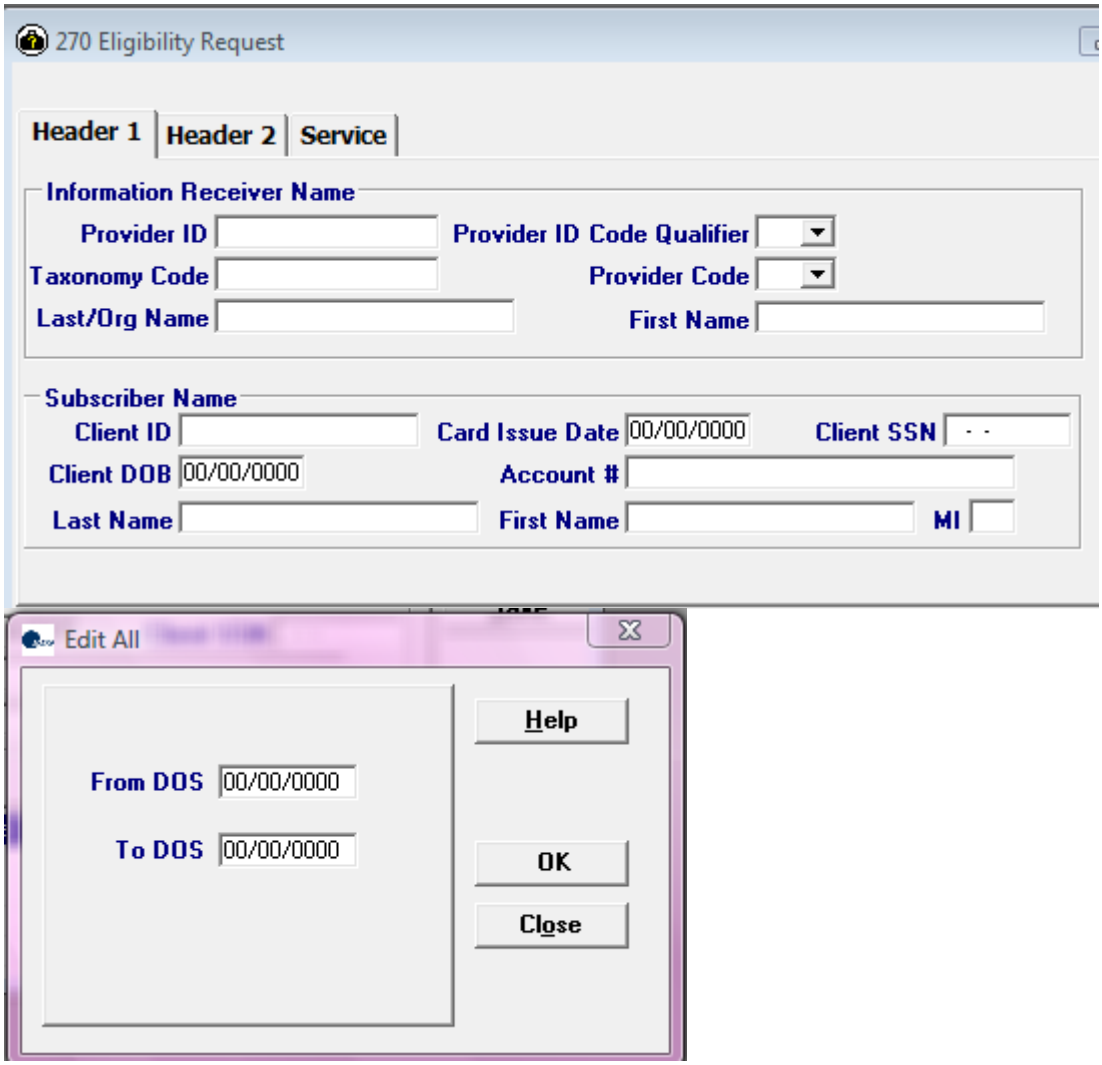
1. Click on the **Eligibility Forms** icon

2. Click on the **Edit All** button (see screen print on the following page)

3. Enter the new "From DOS" and "To DOS" and click on the ''OK'' button. (Only those requests in a Ready status will be edited). The application will locate all of the requests that need to be changed and will ask you if you want to proceed after verifying the number of requests that are going to be changed.

   Once you select "Yes", the changes are final and cannot be undone by the Undo All Command Button.

   Once this is accomplished, you are now ready to submit your new batch request. To do this just follow the instructions on pages 14 – 15 of this manual, under the "Batch" topic.


270 Eligibility Request
Header 1
Header 2
Service
Information Receiver Name
Provider ID
Provider ID Code Qualifier
Taxonomy Code
Provider Code
Last/Org Name
First Name
Subscriber Name
Client ID
Card Issue Date
00/00/0000
Client SSN
Client DOB
00/00/0000
Account #
Last Name
First Name
MI
Edit All
Help
From DOS
00/00/0000
To DOS
00/00/0000
OK
Close

270/271 DATA REQUIREMENTS

Data/Information	Connecticut Medical Assistance Requirements	Related Data
Valid combinations of client data for eligibility request	Client ID & SSN Client ID & DOB SSN & DOB	ConnPACE client eligibility will only accept Client ID & SSN Client ID & DOB
Card Issue Date	If used, data should be entered in Loop 2100C Segment Field DTP03	Segment Field DTP02 should be 'D8' (date expressed in format CCYYMMDD)
Client ID	If used, data should be entered in Loop 2100C Segment Field NM108	Qualifier should be 'MI' (Member Identification Number)
Client SSN	If used, data should be entered in Loop 2100C Segment Field REF02	Segment Field REF01 should be 'SY' (Social Security Number)
Client DOB	If used, data should be entered in Loop 2100C Segment Field DMG02	Segment Field DMG01 should be 'D8' (date expressed in format CCYYMMDD)
BHT02	Must contain the value '13' (Request)	
EQ01	Default is 30 **and may send up to 15 total service type codes**	Requests that use additional EQ02 segment at the detail level will be processed.

ELIGIBILITY RESPONSE VALUES

Eligibility or Benefit Information EB01	Service Type Code EB03	Insurance Type Code EB04	Plan Coverage Description EB05
1 – Active Coverage	List of STC 1 Medical Care 2 Surgical 4 Diagnostic X-Ray 5 Diagnostic Lab 6 Radiation Therapy 7 Anesthesia 8 Surgical Assistance 12 Durable Medical Equipment Purchase 13 Ambulatory Service Center Facility 18 Durable Medical Equipment Rental 20 Second Surgical Opinion 33 Chiropractic 35 Dental Care 40 Oral Surgery 42 Home Health Care 45 Hospice 47 Hospital 48 Hospital - Inpatient 50 Hospital - Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 53 Hospital - Ambulatory Surgical 54 – Long Term Care 56- Medically Related Trans 62 MRI/CAT Scan 65 Newborn Care 68 Well Baby Care 73 Diagnostic Medical 75- Prosthetic Device 76 Dialysis 78 Chemotherapy 80 Immunizations 81 Routine Physical 82 Family Planning 86 Emergency Services 88 Pharmacy 93 Podiatry 98 Professional (Physician) Visit - Office 99 Professional (Physician) Visit - Inpatient A0 Professional (Physician) Visit - Outpatient A3 Professional (Physician) Visit - Home A6 Psychotherapy A7 Psychiatric - Inpatient A8 Psychiatric – Outpatient AD Occupational Therapy	MC – Medicaid OT – Other	Benefit plan

ELIGIBILITY VERIFICATION INSTRUCTIONS

Eligibility or Benefit Information EB01	Service Type Code EB03	Insurance Type Code EB04	Plan Coverage Description EB05
	AE Physical Medicine AF Speech Therapy AG Skilled Nursing Care AI Substance Abuse AL Vision (Optometry) BG Cardiac Rehabilitation BH Pediatric DM – Durable Medical Equipment MH Mental Health PT – Physical Therapy RT – Residential Psych Therapy UC Urgent Care		
6 – Inactive	See list of STC	*Not used for this response type*	*Not used for this response type*
A - Coinsurance	See list of STC	*Not used for this response type*	Benefit plan
B - Copay	See list of STC	*Not used for this response type*	Benefit plan
C – Deductible	See List of STC	*Not used for this response type*	Benefit plan
G – Stop Loss	See list of STC	*Not used for this response type*	Benefit plan
N- Service Restricted to the Following Provider	*Not used for this response type*	*Not used for this response type*	Inmate Pharmacy Physician
R – Other or Additional Payor	*Not used for this response type*	*Not used for this response type*	*Not used for this response type*
X – Health Care Facility	*Not used for this response type*	*Not used for this response type*	Hospice LTC

ELIGIBILITY REJECT REASON CODES

Reject Reason Code	Description	Usage (If specified)
15	Required application data missing	Used when Valid DOB, no ID, no SSN
42	Unable to respond at current time	Code used in batch environment where an information source returns all requests for the 270 in the 271 and identifies "Unable to respond at current time" for each individual request within the transaction that they were unable to process for reasons other than data content.
43	Invalid/Missing Provider Identification	Used only in response to information that is in or should be in the Subscriber Name loop (2100B)
45	Invalid/Missing Provider Specialty	
47	Invalid/Missing Provider State	
48	Invalid/Missing Referring Provider Identification	
49	Provider is not a Primary Care Physician	
51	Provider not on file	Used only in response to information that is in or should be in the Subscriber Name loop (2100B)
52	Service Dates not within Provider Plan Enrollment	
56	Inappropriate Date	
57	Invalid/Missing Date(s) of Service	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
58	Invalid/Missing Date-of-Birth	Used in response when: 1)ID is valid, but no DOB, no SSN 2) if SSN is valid, but no DOB, 3) Invalid ID, invalid DOB
60	Date of Birth follows Date(s) of service	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
61	Date of Death Precedes Date(s) of	Used only in response to information that is in or should be in the Subscriber Name loop

Reject Reason Code	Description	Usage (If specified)
	Service	(2100C)
62	Date of Service not within Allowable Inquiry Period	Used in response when cannot validate eligibility for dates older than 1 year or Future date
63	Date of Service in Future	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
64	Invalid/Missing Patient ID	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
65	Invalid/Missing Patient Name	
66	Invalid/Missing Patient Gender Code	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
67	Patient not Found	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
68	Duplicate Patient ID Number	Used only in response to information that is in or should be in the Subscriber Name loop (2100C)
71	Patient Birth Date does not Match That for the Patient on the Database	Used only in response when SSN is found but the DOB does not match.
72	Invalid/Missing Subscriber/Insured ID	Used in response when Invalid ID, invalid DOB
73	Invalid/Missing Subscriber/Insured Name	
74	Invalid/Missing Subscriber/Insured Gender Code	
75	Subscriber/Insured Not Found	
76	Duplicate Subscriber/Insured ID Number	Used in response when Multiple IDs found
77	Subscriber Found, Patient not Found	
78	Subscriber/Insured Not in Group/Plan Identified	

ELIGIBLITY FOLLOW UP ACTION CODES

Follow-up Action Code	Description	Usage (if specified)
C	Please Correct and Resubmit	Used when AAA03 is other than "42"
N	Resubmission not Allowed	
R	Resubmission Allowed	Used only when AAA03 is "42"
S	Do not Resubmit; Inquiry Initiated to a Third Party	
W	Please Wait 30 Days and Resubmit	
X	Please Wait 10 Days and Resubmit	
Y	Do not Resubmit; We will hold your Request and Respond Again Shortly	